

11/26/2018 12:09:13 PM

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Cameron, C Sighan

Baker Hostetler

Page 2

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407)649-4016
Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MORSE BOULEVARD PARTNERS, L.L.C.

Certificate of Status	0
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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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(((H18000335705 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morse Boulevard Partners, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIOBHAN CAMERON

Name of Person

BAKER HOSTETLER

Firm/Company

200 SOUTH ORANGE AVENUE, SUITE 200

Address

ORLANDO FL 32801

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SIOBHAN CAMERON

407

649-3995

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H18000335705 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H18000335705 3)))

MORSE BOULEVARD PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2001 and assigned
Florida document number L01000014874.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Morse Boulevard, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H18000335705 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IRA SHAFRAN	1004 TEMPLE GROVE	<input type="checkbox"/> Add
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

19. If amending any other information, enter change(s) here: (Attach additional sheets, if needed) (H4-8000335705 3))

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U.S. DEPT OF STATE
WASH DC 20540
ATTN: ASSESS, FLORIDA

17
C.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Nov 26, 2018

Signature of a member or authorized representative

CLIFFORD P. CLARK, III

CLIFFORD P CUTLER III
Typed or printed name of signee